

<i>SERFF Tracking Number:</i>	<i>WSFG-125343081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westfield Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026628</i>
<i>Company Tracking Number:</i>	<i>071201ARGLWFFO</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CL General Liability</i>		
<i>Project Name/Number:</i>	<i>CG7027/071201ARGLWFFO</i>		

Filing at a Glance

Company: Westfield Insurance Company

Product Name: CL General Liability

SERFF Tr Num: WSFG-125343081 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026628

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 071201ARGLWFFO

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Kimberly Tanner

Disposition Date: 11/06/2007

Date Submitted: 10/30/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

General Information

Project Name: CG7027

Status of Filing in Domicile:

Project Number: 071201ARGLWFFO

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/06/2007

State Status Changed: 11/01/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: WESTFIELD INSURANCE COMPANY – NAIC #228-24112

DIVISION SIX – COMMERCIAL GENERAL LIABILITY

Form Filing

Effective: December 1, 2007

On behalf of the WESTFIELD INSURANCE COMPANY, Subscribers to Insurance Services Office, we wish to file the form listed below effective on or after December 1, 2007.

<i>SERFF Tracking Number:</i>	<i>WSFG-125343081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westfield Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026628</i>
<i>Company Tracking Number:</i>	<i>071201ARGLWFFO</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CL General Liability</i>		
<i>Project Name/Number:</i>	<i>CG7027/071201ARGLWFFO</i>		

Enclosed are the following:

1. Final printed forms:

CG 7027 12-98 – Exclusion – Abuse Or Sexual Misconduct. The ISO form CG2146 does not address sexual misconduct. We would use this endorsement specifically on church classification policies where the insured has not elected to have sexual misconduct coverage endorsed on the policy.

The WESTFIELD INSURANCE COMPANY does not consider this filing to be excessive, inadequate, nor unfairly discriminatory.

Company and Contact

Filing Contact Information

Kim Tanner, Production Specialist	kimtanner@westfieldgrp.com
One Park Circle	(800) 243-0210 [Phone]
Westfield Center, OH 44251-5001	() -[FAX]

Filing Company Information

Westfield Insurance Company	CoCode: 24112	State of Domicile: Ohio
One Park Circle	Group Code: 228	Company Type: P & C
P.O. Box 5001		
Westfield Center, OH 44251-5001	Group Name:	State ID Number:
(800) 243-0210 ext. [Phone]	FEIN Number: 34-6516838	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing
Per Company:	No

SERFF Tracking Number: *WSFG-125343081* *State:* *Arkansas*
Filing Company: *Westfield Insurance Company* *State Tracking Number:* *AR-PC-07-026628*
Company Tracking Number: *071201ARGLWFFO*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *CL General Liability*
Project Name/Number: *CG7027/071201ARGLWFFO*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$50.00	10/30/2007	16394582

SERFF Tracking Number:	WSFG-125343081	State:	Arkansas
Filing Company:	Westfield Insurance Company	State Tracking Number:	AR-PC-07-026628
Company Tracking Number:	071201ARGLWFFO		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	CL General Liability		
Project Name/Number:	CG7027/071201ARGLWFFO		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/06/2007	11/06/2007

SERFF Tracking Number: *WSFG-125343081* *State:* *Arkansas*
Filing Company: *Westfield Insurance Company* *State Tracking Number:* *AR-PC-07-026628*
Company Tracking Number: *071201ARGLWFFO*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *CL General Liability*
Project Name/Number: *CG7027/071201ARGLWFFO*

Disposition

Disposition Date: 11/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	WSFG-125343081	State:	Arkansas
Filing Company:	Westfield Insurance Company	State Tracking Number:	AR-PC-07-026628
Company Tracking Number:	071201ARGLWFFO		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	CL General Liability		
Project Name/Number:	CG7027/071201ARGLWFFO		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Abuse Or Sexual Misconduct	Approved	Yes

SERFF Tracking Number: WSFG-125343081 State: Arkansas

Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026628

Company Tracking Number: 071201ARGLWFFO

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: CL General Liability

Project Name/Number: CG7027/071201ARGLWFFO

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Abuse Or Sexual Misconduct	CG7027	1298	Endorsement/Amendment/Conditions	New	0.00	CG_7027_1298.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ABUSE OR SEXUAL MISCONDUCT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury" arising out of any of the following acts:

1. Actual or threatened abuse; or
2. "Sexual misconduct."

This exclusion does not apply if the actual or threatened abuse or "sexual misconduct" is committed by a person who is not an insured under **Section II - Who Is An Insured** of this coverage part.

"Sexual misconduct" means:

- a. Sexual assault;
- b. Sexual battery including sexual abuse and sexual molestation; or
- c. Sexual harassment.

<i>SERFF Tracking Number:</i>	<i>WSFG-125343081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westfield Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026628</i>
<i>Company Tracking Number:</i>	<i>071201ARGLWFFO</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CL General Liability</i>		
<i>Project Name/Number:</i>	<i>CG7027/071201ARGLWFFO</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *WSFG-125343081* *State:* *Arkansas*
Filing Company: *Westfield Insurance Company* *State Tracking Number:* *AR-PC-07-026628*
Company Tracking Number: *071201ARGLWFFO*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *CL General Liability*
Project Name/Number: *CG7027/071201ARGLWFFO*

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/06/2007
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

2007 12-01 AR PCTD-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	